

Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

SYLVIA S. GOYENECHÉ
(Affiant Name) of legal age, being first duly sworn, deposes and says:

That ANTHONY PHILLIP GOYENECHÉ
(Deceased Name as shown on Death Certificate), the decedent mentioned in the attached certified copy Certificate of Death, is the same person as ANTHONY PHILLIP GOYENECHÉ
(Deceased Name as shown on Deed), named as one of the parties in that

certain GRANT, BARGAIN & SALE DEED, dated on this 9th day of February, 1983
(Type of Document) executed by VICTOR B. VINCENT and PAULINE VINCENT to JERRY P. GOYENECHÉ, a single man, and ANTHONY PHILIP GOYENECHÉ and SYLVIA S. GOYENECHÉ, husband & wife Joint Tenants,
(Grantor) (Grantee)

recorded as Instrument No. 77299, on this 10th day of March, 1983, in book 53, of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Pioche, County of Lincoln, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lots Forty-six (46) and Forty-seven (47) in Block Twenty-nine (29) in the township of Piochi, Lincoln County, Nevada.

- SUBJECT TO:
1. Taxes for the fiscal year 1982-1983
 2. Restrictions, Conditions, Reservations, Rights, Rights of Way and Easements now of record, if any.

Assessors Parcel No. _____

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 29th day of April, 1997

(Signature) _____

Sylvia S. Goyeneche
(Signature) SYLVIA S. GOYENECHÉ

(Print or type name here) _____

(Print or type name here) _____

STATE OF NEVADA)
COUNTY OF CLARK)

On this _____ day of April, 1997
personally appeared before me, a Notary Public

SYLVIA S. GOYENECHÉ

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that s/he executed the instrument.

(Notary Public)



JAY L. STONE
Notary Public - Nevada (Notary Stamp)
Clark County
My appt. exp. June 2, 1998

RECORDING REQUESTED BY AND MAIL TO

NAME SYLVIA S. GOYENECHÉ
ADDRESS 2113 Moore Street
CITY/ST/ZIP Las Vegas, NV 89104

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

No. 108890
filed and recorded at request of
Pico & Mitchell
May 2, 1997

At 15 minutes past 4 o'clock p.m.
Lincoln County Nevada Recorder.

Yvonne DeLeon
COUNTY RECORDER 127 PAGE 533y

Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
			Anthony Philip GOYENECHÉ		2 September 9, 1992		Clark	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		SEX		COUNTY OF DEATH	
	Las Vegas		Humana Hospital-Sunrise		Inpatient		Clark	
FIELD OFFICER IN INSTITUTION SEWARD'S BOOK RECORDS COMPLETION OF RESIDENCE ITEM	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		What Decedent of Hispanic Origin? Specify D 1942, no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR	
	White				79		MOS : DAYS	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DECEDENT'S EDUCATION. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	California		U.S.A.		12		Married	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
			Pipe Fitter		Construction		Sylvia S. Wohlgenoth	
CERTIFIER	RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	Nevada		Clark		Las Vegas		2113 Moore	
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	Pedro Goyeneche		Marie J. Arbelaitz		Sylvia S. Goyeneche		2113 Moore, Las Vegas, Nevada 89104	
REGISTRAR	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
	Burial		Paradise Memorial Gardens		Las Vegas, Nevada			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FUNERAL DIRECTOR—SIGNATURE (If Person (Specify as Such))		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		CITY OR TOWN	
	[Signature]		26		DAVIS PARADISE VALLEY FUNERAL HOME		Las Vegas, Nevada	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	21a. To the best of my knowledge, death occurred at the time, date and place and in the circumstance(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. ON	
	[Signature and Title]		9/10/92		11:03 A.M.		21e. AT	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. ON		22b. AT		LICENSE NUMBER	
	William Shoemaker, MD, 2870 S. Maryland Pkwy., Las Vegas, NV		89109		5896			
CAUSE OF DEATH	23a. SIGNATURE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	[Signature]		SEP 10 1992					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		PART II		PART III	
	Respiratory failure		a. Acute Renal Failure and coma		2 days			
CAUSE OF DEATH	26. ACC., SUICIDE, HON. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	27. INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 042278

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

[Signature]

Date Issued: SEP 14 1992

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 127 PAGE 534